

AUG 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Town Springfield Mo Primary Registration District No. 2007 2001 File No. 27249
 City Springfield Mo No. 1001 W. Webster Registered No. 604 Ward)

2. FULL NAME Mrs Evelyn Bell Livingston
 (a) Residence, No. 1001 Webster Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E. Livingston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1872

7. AGE YEARS 64 MONTHS 11 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Mo.

13. NAME John Webster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

15. MAIDEN NAME W.C.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.C.

17. INFORMANT (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE July 26 1937

19. UNDERTAKER (ADDRESS) Springfield Mo

20. FILED July 26 1937 Chas A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/20 1937 to 7/25 1937
 I last saw him alive on 7/25 1937 Death is said to have occurred on the date stated above, at 9:30 pm
 The principal cause of death and related causes of importance were as follows:
Carcinoma of liver Date of onset 1935
primary

Other contributory causes of importance: 4/6

Name of operation None Date of
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Old Man, Intest (Signed) Springfield Mo (Address) Mo, M. D.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM NO. 22-3-30
 I X9314

